U.S. Department of Labór Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 8818

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

/6018		1 1 / 1 : / [2004 Through: 12 / 31 / 2004	!	
3. Name and address of person filing.	4. Na	me, file number, and a	ddress of labor organization.		
Name Paul E Bolton	Nar	me BLET			
	Lat	oor Organization File N	umber 025-081	,	
P.O. Box, Bldg., Room No., if any	P.C). Box, Building and Ro	om Number, if any		
Street 48Spice Mill Blvd.	Stre	eet 1162 Fort Mi	ller Rd.		
City Clifton Park	City	Greenwich		11	
State New York ZIP Code + 4 12065-2667	Sta	te New Yor	ZIP Code + 4 1162-7400)	
5. Position in labor organization. BLET Local Chairman				ļ	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. N	lature of Interest, Trans	action, or Income.		
Name ;	.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. A	imount.			
City		!			
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Taul Bullon	On	8/12/2005	518-348-0734		
		Date	Telephone Number		
Form LM-30 (2003)			Page 1	—— of 2	

*					
Name of Person Filing Paul Bolton	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street	C. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City	Approximate dollar value of such dealing. 12,a. Nature of interest held or income received.				
State ZIP Code + 4	12.a. Nature of interest ried of income received.				
, , , , , , , , , , , , , , , , , , , ,					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Keller & Goggin paid for my room at the Crown				
Name Keller + Goggin P.C.	Plaza, 1800 Market St, Philadelphia, PA While I attended a BLET LC work shop on February 29,				
Trade Name, if any: Attorney	2004, March 1,2,3 and 4, 2004. Price per night unknown.				
P.O. Box, Bldg., Room No., if any					
Street 1528 Walnut Street					
civ Philadelphia					
State PA ZIP Code + 4 19102					

14.b. Amount of payment.

or Consultant ?

13.b. Is the Business an Employer | 🗶 |

\$26